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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/533,901 12/30/2003 \*  
 and claims benefit of 60/445,640 02/07/2003

(\*)Data provided by applicant is not consistent with PTO records. ✓ OK yk

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/11/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 23	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 11
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>YHL</i>	Initials <i>YHL</i>			

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## TITLE

Amphiregulin antibodies and their use to treat cancer and psoriasis

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )

<b>FILING FEE</b>  <b>RECEIVED</b> <b>2038</b>	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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